SECRETARY OF STATE STATE CAPITOL 500 E. CAPITOL AVE. PIERRE, S.D. 57501 (605)773-4845 FAX (605)773-4550

CERTIFICATE OF AUTHORITY APPLICATION OF A FOREIGN LIMITED LIABILITY COMPANY

1. The name of the foreign Limited Liability Company is:	
2. The name of the state or country under whose law it is organize	zed is:
3. The street address of its principal office is:	
4. The address of its initial designated office in South Dakota is:	:
5. The name and street address of its initial agent for service of p	process in South Dakota is:
6. The date of organization is:	, and the period of duration is: naged, the name and address of each initial manager:
8. Whether one or more of the members of the company are to b 47-34A-303 (c).	be liable for its debts and obligations under a provision similar to SDCI
The application must be signed by a member if the company managed company.	is a member-managed company or by a manager if its a manager
Date:	(Signature and Title)

FILING INSTRUCTIONS:

- FILING FEE \$550
- One original and one exact or conformed copy must be submitted.
- The application must be accompanied by an original, currently dated *Certificate of Good Standing* or *Existence* from the Secretary of State in the state where it is organized.